

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF HAWAII

Transcript Designation and Ordering Form

U.S. Court of Appeals Case No. 06-10000 U.S. District Court Case No. 04-00401 HG-03
 Short Case Title USA v. ARRUIZA
 Date Notice of Appeal Filed by Clerk of District Court December 16, 2005

SECTION A - To be completed by party ordering transcript

HEARING DATE(s) FILED RETURN PROCEEDINGS(strike portion not desired)
UNITED STATES DISTRICT COURT
DISTRICT OF HAWAII
JAN 09 2006 Voir Dire
at 10 o'clock and 43 min. AM Opening Statements
SUE BEITIA, CLERK Settlement Instructions
 Closing Arguments
 Jury Instructions
 Pre-Trial Proceedings
(1) Feb. 24, 2005 Jessica B. Cahill Withdraw... and Plead Anew
 (additional page for designations if necessary) See (2) and (3) attached (completed)
 Other (please specify)

- () I do not intend to designate any portion of the transcript and will notify all counsel of this intention.
 () As retained counsel (or litigant proceeding in pro per). I request a copy of the transcript and guarantee payment to the reporter of the cost thereof upon demand. I further agree to pay for work done prior to cancellation of this order.
 (x) As appointed counsel I certify that an appropriate order authorizing preparation of the transcript at the expense of the United States has been, or within 5 days hereof will be, obtained and delivered to the reporter. I agree to recommend payment for work done prior to cancellation of this order.

Date transcript ordered January 9, 2006 Estimated date for completion of transcript 2-13-06
 Print Name of Attorney Mary Ann Barnard Phone Number (808) 942-0403
 Signature of Attorney Mary Ann Barnard
 Address Business: P.O. Box 235520 Honolulu, HI 96823 Res: 750 Amana St., #1005 Honolulu, HI 96814

SECTION B - To be completed by court reporter

I, _____ have received this designation.
 (signature of court reporter)

- () Arrangements for payment were made on _____
 () Arrangements for payment have not been made pursuant to FRAP 10(b).

_____ Approximate Number of Pages in Transcript--Due Date _____

SECTION C - To be completed by court reporter

When the transcript is filed, complete this section and submit to the U.S. district court with the completed transcript. The district court will not file the transcript without this completed form.

Date transcript filed _____ Court Reporter's Signature _____

SECTION D - To be completed by the Clerk

U.S. DISTRICT COURT CLERK: I certify that the record is available in the office of the U.S. District Court.S

Sue Beitia BY: _____
 (U.S. District Court Clerk) (date) DEPUTY CLERK

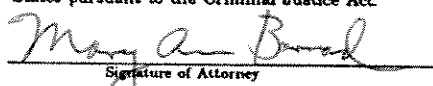
Additional Transcript Designations

U.S. Court of Appeals No. 06-10000
U.S. Dist. Court No. 04-00401 HG-03
Short Case Title: USA v. Arruiza

	<u>Hearing Date</u>	<u>Court Reporter</u>	<u>Proceeding</u>
(2)	August 29, 2005	SP	Sentencing, Withdrawal of Counsel (completed)
*(3)	November 21, 2005	SP	Motions for Downward Departure & Sentencing

*This is the only transcript not completed

CJA 24 AUTHORIZATION AND VOUCHER FOR PAYMENT OF TRANSCRIPT (5-99)

1. CIL/DIST/ DIV. CODE HIXHO		2. PERSON REPRESENTED Arnold Arruiza		VOUCHER NUMBER	
3. MAG. DKT/DEF NUMBER		4. DIST. DKT/DEF NUMBER 04-00401 HG		5. APPEALS DKT/DEF NUMBER 06-10000	
7. IN CASE/MATTER OF (Case Name) USA v. George Keahi, Jr.		8. PAYMENT CATEGORY <input checked="" type="checkbox"/> Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		10. REPRESENTATION TYPE (See Instructions) CC	
9. TYPE PERSON REPRESENTED <input checked="" type="checkbox"/> Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other:					
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) If more than one offense, list (up to five) major offenses charged, according to severity of offense. 21:846, 843(b)					
REQUEST AND AUTHORIZATION FOR TRANSCRIPT					
12. PROCEEDING IN WHICH TRANSCRIPT IS TO BE USED (Describe briefly) Appeal to Ninth Circuit					
13. PROCEEDING TO BE TRANSCRIBED (Describe specifically). NOTE: The trial transcripts are not to include prosecution opening statement, defense opening statement, prosecution argument, defense argument, prosecution rebuttal, voir dire or jury instructions, unless specifically authorized by the Court (see Item 14). 2-24-05 Guilty plea, Jessica B. Cahill (completed) 8-29-05 & 11-21-05, Sentencing SP - 8-29-05 completed					
14. SPECIAL AUTHORIZATIONS					JUDGE'S INITIALS
A. Apportioned Cost _____ % of transcript with (Give case name and defendant)					
B. <input type="checkbox"/> Expedited <input type="checkbox"/> Daily <input type="checkbox"/> Hourly Transcript <input type="checkbox"/> Realtime Unedited Transcript					
C. <input type="checkbox"/> Prosecution Opening Statement <input type="checkbox"/> Prosecution Argument <input type="checkbox"/> Prosecution Rebuttal <input type="checkbox"/> Defense Opening Statement <input type="checkbox"/> Defense Argument <input type="checkbox"/> Voir Dire <input type="checkbox"/> Jury Instructions					
D. In this multi-defendant case, commercial duplication of transcripts will impede the delivery of accelerated transcript services to persons proceeding under the Criminal Justice Act.					
15. ATTORNEY'S STATEMENT As the attorney for the person represented who is named above, I hereby affirm that the transcript requested is necessary for adequate representation. I, therefore, request authorization to obtain the transcript services at the expense of the United States pursuant to the Criminal Justice Act.  Signature of Attorney Mary Ann Barnard Printed Name Telephone Number: (808) 942-0403 <input checked="" type="checkbox"/> Panel Attorney <input type="checkbox"/> Retained Attorney <input type="checkbox"/> Pro-Se <input type="checkbox"/> Legal Organization			16. COURT ORDER Financial eligibility of the person represented having been established to the Court's satisfaction, the authorization requested in Item 15 is hereby granted. _____ Signature of Presiding Judicial Officer or By Order of the Court _____ Date of Order _____ Nunc Pro Tunc Date _____		
17. COURT REPORTER/TRANSCRIBER STATUS <input type="checkbox"/> Official <input type="checkbox"/> Contract <input type="checkbox"/> Transcriber <input type="checkbox"/> Other			18. PAYEE'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS SP: 300 Ala Moana, Box 1852, Wailuku, HI 96793 Stephen Platt Jessica B. Cahill SP (808) 536-2699 Telephone Number: JG (808) 244-0776		
19. SOCIAL SECURITY NUMBER OR EMPLOYER ID NUMBER OF PAYEE					
20. TRANSCRIPT	INCLUDE PAGE NUMBERS	NO. OF PAGES	RATE PER PAGE	SUB-TOTAL	LESS AMOUNT APPORTIONED
Original					
Copy					
Expenses (Itemize)					
TOTAL AMOUNT CLAIMED :					
21. CLAIMANT'S CERTIFICATION OF SERVICE PROVIDED I hereby certify that the above claim is for services rendered and is correct, and that I have not sought or received payment (compensation or anything of value) from any other source for these services. Signature of Claimant/Payee _____ Date _____					
ATTORNEY CERTIFICATION					
22. CERTIFICATION OF ATTORNEY OR CLERK I hereby certify that the services were rendered and that the transcript was received. Signature of Attorney or Clerk _____ Date _____					
APPROVED FOR PAYMENT COURT USE ONLY					
23. APPROVED FOR PAYMENT Signature of Judicial Officer or Clerk of Court _____ Date _____					24. AMOUNT APPROVED

JUL 21 2005

UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF HAWAII

at 4 o'clock and 30 min
SUE BEITIA, CLERK

UNITED STATES OF AMERICA,) CR NO. 04-00410HG
)
Plaintiff,) Honolulu, Hawaii
) February 24, 2005
) 10:02 a.m.
v.)
)
ARNOLD C. ARRUIZA,)
)
Defendant.)

COPY

TRANSCRIPT OF WITHDRAWAL OF NOT GUILTY PLEA AND TO PLEAD ANEW
BEFORE THE HONORABLE LESLIE E. KOBAYASHI
UNITED STATES MAGISTRATE JUDGE.

APPEARANCES:

For the Plaintiff: U.S. ATTORNEY'S OFFICE
By: MARK INCIONG, ESQ.
300 Ala Moana Boulevard, #6100
Honolulu, Hawaii 96850

For the Defendant: LANE TAKAHASHI, ESQ.
745 Fort Street, #2121
Honolulu, Hawaii 96813

Transcriber: Jessica B. Cahill
P.O. Box 1652
Wailuku, Maui, Hawaii 96793
Telephone: (808)244-0776

Proceedings recorded by electronic sound recording, transcript
produced by transcription service

Exhibit 1

IN THE UNITED STATES DISTRICT COURT
FOR THE DISTRICT OF HAWAII

UNITED STATES OF AMERICA,) CRIMINAL NO. 04-00401HG
Plaintiff,)
vs.)
(03) ARNOLD C. ARRUIZA,)
Defendant.)

TRANSCRIPT OF PROCEEDINGS

The above-entitled matter came on for hearing on
Monday, August 29, 2005, at 11:07 a.m., at Honolulu, Hawaii,

BEFORE: THE HONORABLE HELEN GILLMOR
United States District Judge

REPORTED BY: STEPHEN B. PLATT, RMR, CRR
Official U.S. District Court Reporter

APPEARANCES: THOMAS C. MUEHLECK, ESQ.
U.S. Attorney's Office
300 Ala Moana Blvd., Suite 6100
Honolulu, Hawaii 96813

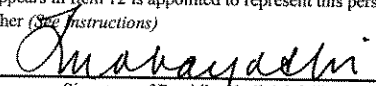
Attorney for the Government

LANE Y. TAKAHASHI, ESQ.
745 Fort Street
Topa Financial Center
Fort Street Tower, Suite 2121
Honolulu, Hawaii 96813

Attorney for the Defendant

Exhibit B

CJA 20 APPOINTMENT OF AND AUTHORITY TO PAY COURT APPOINTED COUNSEL (Rev. 5/99)

1. CIR./DIST./ DIV. CODE HIXHO		2. PERSON REPRESENTED ARNOLD ARRUIZA (03)		VOUCHER NUMBER		
3. MAG. DKT./DEF. NUMBER		4. DIST. DKT./DEF. NUMBER 04-00401 HG		5. APPEALS DKT./DEF. NUMBER		
6. OTHER DKT. NUMBER						
7. IN CASE/MATTER OF (Case Name) USA V. George Keahi, Jr.		8. PAYMENT CATEGORY X Felony <input type="checkbox"/> Petty Offense <input type="checkbox"/> Misdemeanor <input type="checkbox"/> Other <input type="checkbox"/> Appeal		9. TYPE PERSON REPRESENTED X Adult Defendant <input type="checkbox"/> Appellant <input type="checkbox"/> Juvenile Defendant <input type="checkbox"/> Appellee <input type="checkbox"/> Other		
10. REPRESENTATION TYPE (See Instructions)						
11. OFFENSE(S) CHARGED (Cite U.S. Code, Title & Section) <i>If more than one offense, list (up to five) major offenses charged, according to severity of offense.</i> 21:846, 843(b)						
12. ATTORNEY'S NAME (First Name, M.I., Last Name, including any suffix), AND MAILING ADDRESS MARY ANN BARNARD #3650 PO BOX 235520 HON., HI 96823 Telephone Number : (808) 942-0403			13. COURT ORDER <input type="checkbox"/> O Appointing Counsel <input type="checkbox"/> C Co-Counsel <input type="checkbox"/> F Subs For Federal Defender <input type="checkbox"/> R Subs For Retained Attorney X P Subs For Panel Attorney <input type="checkbox"/> Y Standby Counsel Prior Attorney's _____ Lane Takahashi Appointment Dates: _____ <input type="checkbox"/> Because the above-named person represented has testified under oath or has otherwise satisfied this Court that he or she (1) is financially unable to employ counsel and (2) does not wish to waive counsel, and because the interests of justice so require, the attorney whose name appears in Item 12 is appointed to represent this person in this case, OR <input type="checkbox"/> Other (See Instructions)  Signature of Presiding Judicial Officer or By Order of the Court 8/29/05 Date of Order 8/29/05 Nunc Pro Tunc Date Repayment or partial repayment ordered from the person represented for this service at time appointment. <input type="checkbox"/> YES <input type="checkbox"/> NO			
14. NAME AND MAILING ADDRESS OF LAW FIRM (Only provide per instructions)						
CLAIM FOR SERVICES AND EXPENSES						
CATEGORIES (Attach itemization of services with dates)			HOURS CLAIMED	TOTAL AMOUNT CLAIMED	FOR COURT USE ONLY	
					MATH/TECH. ADJUSTED HOURS	
					MATH/TECH. ADJUSTED AMOUNT	
					ADDITIONAL REVIEW	
In	15. a. Arraignment and/or Plea					
	b. Bail and Detention Hearings					
	c. Motion Hearings					
	d. Trial					
	e. Sentencing Hearings					
	f. Revocation Hearings					
	g. Appeals Court					
	h. Other (Specify on additional sheets)					
(RATE PER HOUR = \$) TOTALS:						
Out of	16. a. Interviews and Conferences					
	b. Obtaining and reviewing records					
	c. Legal research and brief writing					
	d. Travel time					
	e. Investigative and other work (Specify on additional sheets)					
(RATE PER HOUR = \$) TOTALS:						
17. Travel Expenses (lodging, parking, meals, mileage, etc.)						
18. Other Expenses (other than expert, transcripts, etc.)						
GRAND TOTALS (CLAIMED AND ADJUSTED):						
19. CERTIFICATION OF ATTORNEY/PAYEE FOR THE PERIOD OF SERVICE FROM: _____ TO: _____				20. APPOINTMENT TERMINATION DATE IF OTHER THAN CASE COMPLETION		
21. CASE DISPOSITION						
22. CLAIM STATUS <input type="checkbox"/> Final Payment <input type="checkbox"/> Interim Payment Number _____ <input type="checkbox"/> Supplemental Payment Have you previously applied to the court for compensation and/or reimbursement for this <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, were you paid? <input type="checkbox"/> YES <input type="checkbox"/> NO Other than from the Court, have you, or to your knowledge has anyone else, received payment (compensation or anything of value) from any other source in connection with this representation? <input type="checkbox"/> YES <input type="checkbox"/> NO If yes, give details on additional sheets. I swear or affirm the truth or correctness of the above statements. Signature of Attorney _____ Date _____						
APPROVED FOR PAYMENT — COURT USE ONLY						
23. IN COURT COMP.		24. OUT OF COURT COMP.		25. TRAVEL EXPENSES		
				26. OTHER EXPENSES		
				27. TOTAL AMT. APPR./CERT.		
28. SIGNATURE OF THE PRESIDING JUDICIAL OFFICER				DATE		
				28a. JUDGE/MAG. JUDGE CODE		
29. IN COURT COMP.		30. OUT OF COURT COMP.		31. TRAVEL EXPENSES		
				32. OTHER EXPENSES		
				33. TOTAL AMT. APPROVED		
34. SIGNATURE OF CHIEF JUDGE, COURT OF APPEALS (OR DELEGATE) <i>Payment approved in excess of the statutory threshold amount.</i>				DATE		
				34a. JUDGE CODE		